

2006 CIGNA Prescription Drug List

Three-Tier Plan



How Your Prescription Drug Plan Works

To help you fill your prescriptions, CIGNA prescription drug plans provide access to more than 54,000 national and independent pharmacies. Our prescription drug plans also enable you to conveniently order your prescriptions online, over the phone or through the mail with the CIGNA Tel-Drug Home Delivery Pharmacy. Check your plan materials to learn more about how CIGNA Tel-Drug can help you.

To help you manage your out-of-pocket costs for prescription drugs, the enclosed CIGNA Prescription Drug List is designed to help you understand how much you'll pay for prescription medications by separating drugs into Generic, Preferred Brand, and Non-Preferred Brand categories. The list offers a wide selection of drugs in each coverage category, providing the options you need to manage your costs effectively.



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YOUR THREE-TIER PRESCRIPTION DRUG PLAN

If your CIGNA plan materials and ID card show three copayment or coinsurance levels for the prescription drug plan, you are being offered a three-tier plan. A three-tier prescription drug plan divides medications into three categories or tiers:

Generic (first tier) drugs: A Generic drug has the same active ingredients, safety, dosage, quality and strength as its brand drug counterpart and is sold under the chemical or scientific name for the drug. These medications are typically covered at the Generic copayment or coinsurance level under a three-tier plan and typically cost less than brand drugs.

Preferred Brand (second tier) drugs: Preferred Brand drugs are those which generally have no generic equivalent and are either more effective than other drugs in the same class or are equally effective but less costly than the other drugs. These medications are typically covered at the Preferred Brand copayment or coinsurance level under the plan.

Non-Preferred Brand (third tier) drugs: Non-Preferred Brand drugs are those which generally have generic equivalents and/or have one or more Preferred Brand options within the same drug class. These medications are typically covered at the highest copayment or coinsurance.

Getting the Most From Your Prescription Drug Plan

The cost of prescription medications is on the rise. Fortunately, there are tools available to help you manage your costs and make the choices that are right for you. By visiting [myCIGNA.com](https://mycigna.com), you will find tools to help you research and compare thousands of different drugs, get actual out-of-pocket costs for your prescriptions, and learn more about your drug treatment options before you visit your doctor.

Home Delivery of Your Prescriptions

The CIGNA Tel-Drug Home Delivery Pharmacy Program is a valuable plan feature, designed especially for those who take prescription medications (including Self-Administered Injectables) regularly. It offers the convenience of home delivery of up to a 90-day supply of your medication at no additional charge. You may also save on prescriptions filled through CIGNA Tel-Drug, based on the specific plan you are being offered. Refer to your plan materials for details. Typical delivery time for new prescriptions is 7-14 days from the time complete order information is received. For your convenience, Tel-Drug order forms are available at www.cigna.com on the "Drug Lists/ordering" page. For more information on CIGNA Tel-Drug, call us toll-free at 1.800.835.3784.

Minimums, Maximums and Deductibles

Some plans may also have minimum or maximum out-of-pocket amounts that apply to your payments, or a deductible* (fixed dollar amount) that you must meet before coverage will begin with your prescription drug plan. Please check your enrollment materials to determine your specific prescription drug coverage and exclusions.

** If your plan has a deductible, you will need to satisfy the deductible before your prescription drug plan copayments or coinsurance amounts apply.*

Prior Authorization for Some Medications

For certain medications or doses, your doctor may need to contact CIGNA to request prior authorization for coverage of your prescription under the plan. To determine if prior authorization is required for your prescription medication, refer to the box labeled "Understanding the CIGNA Prescription Drug List."

UNDERSTANDING THE CIGNA PRESCRIPTION DRUG LIST

The drugs contained within this list represent the most frequently prescribed medications. If you don't see a specific drug listed in this document, a complete list of medications and their coverage categories can be found at www.cigna.com by clicking on "Drug Lists/Ordering" under "Popular Links."

Medications newly approved by the U.S. Food and Drug Administration will be classified as Non-Preferred until reviewed by the CIGNA Pharmacy and Therapeutics Committee, a committee of independent physicians and pharmacists that reviews new drugs for safety and efficacy.

For details on which medications are specifically covered under your plan, please visit myCIGNA.com or refer to your plan enrollment materials.

Symbol Key*

PA: Prior Authorization may be required — your doctor must obtain prior approval for you to receive coverage for this drug.

QL: Quantity Limit may apply — you may only obtain coverage for a limited amount of this drug.

AGE: Age Requirement may apply — you may be required to be in a pre-specified age group in order to obtain coverage for this drug.

**These coverage qualifications may not apply to your specific plan. Please consult your enrollment materials for specific coverage details of the plan you are being offered.*

IF YOU HAVE QUESTIONS

We're here to help. Just call CIGNA Member Services at the toll-free number on your ID card if you have a question about CIGNA prescription drug benefits or visit our web site, www.cigna.com.

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

ADD/ADHD

amphetamine/
dextroamphetamine
methamphetamine
methylphenidate
pemoline

ADDERALL XR
CONCERTA
DESOXYN
METADATE CD
METADATE ER
RITALIN LA
STRATTERA

FOCALIN

AIDS/HIV

didanosine
zidovudine

AGENERASE
APTIVUS
CRIXIVAN
EMTRIVA
EPIVIR
EPZICOM
FORTOVASE
FUZEON (PA)
HIVID
INVIRASE
KALETRA
LEXIVA
NORVIR
RESCRIPTOR
RETROVIR
REYATAZ
SUSTIVA
TRIZIVIR
TRUVADA
VIDEX
VIRACEPT
VIRAMUNE
VIREAD
ZERIT
ZIAGEN

RETROVIR (tabs)

GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
ALLERGY clemastine cyproheptadine fexofenadine flunisolide fluticasone hydroxyzine	ASTELIN BECONASE AQ FLONASE NASAREL RHINOCORT AQ SEMPREX-D	ALLEGRA ALLEGRA-D CLARINEX NASACORT NASACORT AQ NASONEX TANAFED DMX ZYRTEC ZYRTEC-D	BIRTH CONTROL** Apri Aranelle Aviane Camila Enpress Errin Junel Junel FE Jolivet Kariva Leena Lessina Levora Microgestin Microgestin FE Mononessa Necon Nortrel Ogestrel Portia Previfem Solia Sprintec Trinessa Trivora Tri-previfem Tri-sprintec Velivet Zovia	ALESSE DESOGEN LOESTRIN LOESTRIN FE NORDETTE ORTHOCEPT ORTHO-EVRA ORTHO-NOVUM 7-7-7 ORTHO TRI-CYCLEN-LO OVCON 35 OVCON 50 OVRAL OVRETTE PLAN B SEASONALE TRI-NORINYL TRIPHASIL YASMIN	ESTROSTEP LEVLEN NUVARING OVCON 35 (chewable tab) PREVEN TRILEVLEN
ASTHMA albuterol cromolyn sodium ipratropium solution metaproterenol	ACCOLATE ADVAIR AEROBID AEROBID-M ASMANEX ATROVENT INHALER AZMACORT COMBIVENT FLOVENT FLOVENT ROTADISK INTAL AEROSOL MAXAIR PROVENTIL HFA PULMICORT QVAR SEREVENT SEREVENT DISKUS SINGULAIR XOLAIR (PA)	FORADIL XOPENEX	BLADDER PROBLEMS oxybutynin	DITROPAN XL ELMIRON OXYTROL	DETROL DETROL LA
			CANCER tamoxifen citrate	ARIMIDEX FEMARA GLEEVEC (PA) ROFERON-A (PA) TEMODAR (QL)	AROMASIN FARESTON IRESSA (PA) NEXAVAR (PA) XELODA
			** Please check your enrollment materials to determine whether these drugs are covered under your specific plan.		
	5			6	

<div> <div>GENERICSGENERICS</div> <div>PREFERRED BRANDSPREFERRED BRANDS</div> <div>NON-PREFERRED BRANDSNON-PREFERRED BRANDS</div> </div>			<div> <div>GENERICSGENERICS</div> <div>PREFERRED BRANDSPREFERRED BRANDS</div> <div>NON-PREFERRED BRANDSNON-PREFERRED BRANDS</div> </div>		
<div>CARDIOVASCULAR</div>					
<div>HIGH BLOOD PRESSURE/HEART MEDICATIONS</div>			<div>CHOLESTEROL LOWERING</div>		
<div> <div>acebutolol</div> <div>atenolol</div> <div>benazepril</div> <div>benazepril/HCTZ</div> <div>bisoprolol</div> <div>bisoprolol/HCTZ</div> <div>captopril</div> <div>digoxin</div> <div>diltiazem</div> <div>diltiazem CD</div> <div>disopyramide</div> <div>doxazosin</div> <div>enalapril</div> <div>enalapril/HCTZ</div> <div>felodipine</div> <div>fosinopril</div> <div>isosorbide dinitrate</div> <div>isosorbide mononitrate</div> <div>isradipine</div> <div>labetalol</div> <div>lisinopril</div> <div>metoprolol</div> <div>nadolol</div> <div>nifedipine</div> <div>nifedipine ER</div> <div>prazosin</div> <div>pindolol</div> <div>procainamide</div> <div>propranolol</div> <div>quinapril/HCTZ</div> <div>quinidine</div> <div>sotalol</div> <div>terazosin</div> <div>timolol</div> <div>verapamil</div> <div>verapamil SR</div> </div>	<div> <div>ALTACE</div> <div>COREG</div> <div>CORGARD</div> <div>COZAAR</div> <div>DIOVAN</div> <div>DIOVAN HCT</div> <div>HYZAAR</div> <div>INDERAL LA</div> <div>INNOPRAN XL</div> <div>LANOXICAPS</div> <div>LANOXIN</div> <div>LOTREL</div> <div>MAVIK</div> <div>MINIZIDE</div> <div>NORPACE CR</div> <div>NORVASC</div> <div>PROCANBID</div> <div>TARKA</div> <div>TIKOSYN</div> <div>TOPROL XL</div> <div>UNIRETIC</div> </div>	<div> <div>AVALIDE</div> <div>AVAPRO</div> <div>BENICAR</div> <div>BENICAR HCT</div> <div>BETAPACE AF</div> <div>CARDENE SR</div> <div>CARTROL</div> <div>CATAPRES TTS</div> <div>COVERA-HS</div> <div>DYNACIRC</div> <div>DYNACIRC CR</div> <div>LEVATOL</div> <div>LEXXEL</div> <div>MICARDIS</div> <div>MICARDIS HCT</div> <div>MONOPRIL</div> <div>MONOPRIL HCT</div> <div>PLENDIL</div> <div>SULAR</div> <div>TEVETEN</div> <div>TEVETEN HCT</div> <div>VASCOR</div> <div>VERELAN PM</div> </div>	<div> <div>cholestyramine powder</div> <div>gemfibrozil</div> <div>lovastatin</div> </div>	<div> <div>LESCOL</div> <div>LESCOL XL</div> <div>LOFIBRA</div> <div>TRICOR</div> <div>NIASPAN</div> <div>VYTORIN</div> <div>WELCHOL</div> <div>ZOCOR</div> </div>	<div> <div>ADVICOR</div> <div>ALTOPREV</div> <div>CRESTOR</div> <div>LIPITOR</div> <div>PRAVACHOL</div> <div>ZETIA</div> </div>
			<div>DEPRESSION</div>		
			<div> <div>amitriptyline</div> <div>amoxapine</div> <div>bupropion</div> <div>bupropion SR</div> <div>citalopram</div> <div>desipramine</div> <div>doxepin</div> <div>fluoxetine</div> <div>fluvoxamine</div> <div>imipramine</div> <div>mirtazapine</div> <div>nefazodone</div> <div>nortriptyline</div> <div>paroxetine</div> <div>trazodone</div> </div>	<div> <div>EFFEXOR</div> <div>EFFEXOR XR</div> <div>PAXIL CR</div> <div>VIVACTIL</div> <div>WELLBUTRIN XL</div> <div>ZOLOFT</div> </div>	<div> <div>CELEXA</div> <div>CYMBALTA</div> <div>LEXAPRO</div> <div>MARPLAN</div> <div>PROZAC WEEKLY</div> <div>REMERON SOL-TABS</div> <div>TOFRANIL-PM</div> </div>
			<div>DIABETES</div>		
			<div> <div>acetohehexamide</div> <div>chlorpropamide</div> <div>glimepiride</div> <div>glipizide</div> <div>glucagon (QL)</div> <div>glyburide</div> <div>glyburide/metformin</div> <div>glyburide micronized</div> <div>metformin</div> <div>tolazamide</div> <div>tolbutamide</div> </div>	<div> <div>ACCU-CHEK BRAND</div> <div>TEST STRIPS</div> <div>AVANDAMET</div> <div>AVANDIA</div> <div>FORTAMET</div> <div>GLUCOPHAGE XR</div> <div>HUMALOG</div> <div>HUMULIN</div> <div>LANTUS</div> <div>NOVOLIN</div> <div>NOVOLOG</div> <div>NOVOLOG MIX</div> <div>ONE TOUCH TEST STRIPS</div> <div>PRANDIN</div> <div>PRECOSE</div> </div>	<div> <div>ACTOS</div> <div>AMARYL</div> <div>GLYCRON</div> <div>GLYSET</div> <div>STARLIX</div> </div>
<div>BLOOD THINNER/ANTI-CLOTTING</div>					
<div> <div>heparin (QL)</div> <div>ticlopidine</div> <div>warfarin</div> </div>	<div> <div>ARIXTRA (QL)</div> <div>FRAGMIN (QL)</div> <div>INNOHEP (QL)</div> <div>LOVENOX (QL)</div> <div>PLAVIX</div> </div>	<div> <div>AGGRENOX</div> <div>AGRYLIN (PA)</div> <div>PLETAL</div> </div>			
<div>7</div>			<div>8</div>		

9			10		
GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
EYE CONDITIONS			HORMONE REPLACEMENT (CONTINUED)		
carbachol	ACULAR	ACULAR PF		PREMPHASE	
ciprofloxacin	ALOMIDE	ALAMAST		PREMPRO	
levobunolol	ALPHAGAN P	ALOCRI		PREMPRO LOW DOSE	
pilocarpine	AZOPT	ALREX		PROMETRIUM	
pilocarpine/epinephrine	BETIMOL	COSOPT		SYNTHROID	
timolol	BETOPTIC S	EMADINE		TESTIM	
	CILOXAN (ointment)	LOTEMAX		TESTODERM	
	IOPIDINE	TIMOPTIC DROPERETTE		UNITHROID	
	LIVOSTIN			VIVELLE	
	PATANOL		INFECTIONS		
	TOBRADEX		acyclovir	ACTIMMUNE (PA)	AUGMENTIN
	TRAVATAN		amantadine	BARACLUDE	AUGMENTIN ES-600
	TRUSOPT		amoxicillin	BIAXIN XL	AUGMENTIN XR
	VIGAMOX		amoxicillin/clavulanate	CIPRO HC OTIC	AVELOX
	VOLTAREN		ampicillin	EPIVIR HBV	BIAXIN
	XALATAN		azithromycin (tabs) (QL)	FLOXIN OTIC	CEDAX
	ZADITOR		cefaclor	GRIFULVIN	CEFZIL
			cefaclor ext. rel.	GRIS-PEG	DYNABAC
GROWTH HORMONES			cefadroxil	LAMISIL (PA, QL)	FAMVIR
	HUMATROPE (PA)	GENOTROPIN (PA)	cefprozil	LEVAQUIN	FLAGYL ER
	NUTROPIN (PA)	NORDITROPIN	cefuroxime	MYCOSTATIN LOZENGE	HEPSERA
	NUTROPIN AQ (PA)	NORDIFLEX (PA)	cephalexin	OMNICEF	INFERGEN (PA)
	NUTROPIN DEPOT (PA)	TEV-TROPIN (PA)	cephradine	PEGASYS (PA)	KEFTAB
HEARTBURN/ULCER			ciprofloxacin	PRIMSOL	LORABID
cimetidine	PREVACID (PA)	ACIPHEX (PA)	clarithromycin	ROCEPHIN (PA)	MAXAQUIN
famotidine	PROTONIX (PA)	HELIDAC	clindamycin	VALTREX	MONUROL
metoclopramide	ZANTAC SYRUP	NEXIUM (PA)	dicloxacillin	VFEND (PA)	NEGGRAM
misoprostol		PEPCID RPD	doxycycline		PEG INTRON (PA)
nizatidine		PREVPAC	erythromycin		PENETREX
omeprazole		ZANTAC EFFERTABS/ PACKETS	erythromycin/ sulfisoxazole		PENLAC (PA)
ranitidine		ZEGERID (PA)	fluconazole		REBETRON (PA)
sucralfate			(QL: 150 mg only)		RELENZA (QL)
HORMONE REPLACEMENT			griseofulvin		ROFERON-A (for hepatitis only) (PA)
estradiol	ALORA	ACTIVELLA	metronidazole		SPORANOX (PA, QL)
estrogens, esterified	ANDRODERM	CENESTIN	minocycline		SUPRAX
estropipate	ANDROGEL	COMBIPATCH	nitrofurantoin		TAMIFLU (QL)
levothyroxine	CYTOMEL	FEMHRT	nystatin		TEQUIN
medroxyprogesterone	DOSTINEX (QL)	FEMRING	ofloxacin		VANTIN
thyroid	ESTRADERM	ORTHO-PREFEST	penicillin v potassium		ZAGAM
	ESTRATEST	VAGIFEM	rimantadine		ZITHROMAX
	ESTRATEST H.S.		SMX/TMP		(tabs) (QL)
	LEVOTHROID		tetracycline		ZYVOX (PA)
	LEVOXYL				
	MENEST				
	PREMARIN				
	PREMARIN LOW DOSE				

11			12		
GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
MIGRAINE			PARKINSON'S DISEASE		
acetaminophen/ caffeine/butalbital	D.H.E. 45 (QL) IMITREX (QL) MIGRANAL (QL) ZOMIG (QL) ZOMIG ZMT (QL)	AMERGE (QL) AXERT (QL) FROVA (QL) MAXALT (QL) MAXALT MLT (QL) RELPAK (QL)	amantadine bromocriptine carbidopa/levodopa carbidopa/levodopa SA pergolide	APOKYN (PA) REQUIP	COMTAN MIRAPEX TASMAR
MULTIPLE SCLEROSIS			PROSTATE		
	BETASERON (PA) COPAXONE (PA)	AVONEX (PA) REBIF (PA)	doxazosin prazosin terazosin	FLOMAX PROSCAR (AGE)	AVODART
NAUSEA AND VOMITING			SCHIZOPHRENIA		
prochlorperazine promethazine trimethobenzamide	KYTRIL (inj.) (PA) ZOFRAN (QL) ZOFRAN C (inj.) (PA) ZOFRAN ODT (QL)	ANZEMET (QL) EMEND (QL) KYTRIL (tab) (QL) MARINOL SCOPACE	clozapine haloperidol loxapine thiothixene	MOBAN RISPERDAL SEROQUEL ZYPREXA	ABILIFY GEODON
OSTEOPOROSIS			SEIZURE		
	EVISTA FOSAMAX MIACALCIN (PA)	ACTONEL FORTEO (PA) SKELID	carbamazepine clonazepam gabapentin valproate	DEPAKOTE DIASTAT DIASTAT ACUDIAL DILANTIN GABITRIL KEPPRA LAMICTAL NEURONTIN (solution) TEGRETOL XR TOPAMAX TRILEPTAL ZONEGRAN	CARBATROL NEURONTIN (tabs & caps)
PAIN RELIEF & INFLAMMATORY DISEASE			SKIN CONDITIONS		
butorphanol nasal (QL) diclofenac etodolac flurbiprofen ibuprofen indomethacin ketoprofen ketorolac (PA, QL) leflunamide (PA) meclofenamate morphine SR nabumetone naproxen oxaprozin piroxicam sulindac tolmetin tramadol	ACTIQ (PA) AVINZA DURAGESIC (QL) ENBREL HUMIRA (PA) KADIAN MSIR OXYCONTIN (QL)	ARAVA (PA) ARTHROTEC CELEBREX (PA) FENTANYL ORALET KINERET (PA) NAPRELAN PONSTEL TALWIN COMPOUND VICOPROFEN ZYDONE	alclometasone betamethasone dipropionate betamethasone valerate clobetasol propionate desonide desoximetasone diflorasone fluocinolone fluocinonide hydrocortisone isotretinoin (QL) tretinoin (AGE)	ALDARA BENZACLIN CLODERM CYCLOCORT DERMA-SMOOTHIE DESOWEN DIFFERIN (AGE) DOVONEX KLARON LOCOID (solution) MENTAX METROGEL METROLOTION RETIN-A MICRO GEL (AGE) SORIATANE	ACLOVATE APHTHASOL CUTIVATE LOCOID (cream, ointment) LUXIQ PANRETIN (PA) RAPTIVA (PA) REGRANEX (PA) TAZORAC ULTRAVATE

MISCELLANEOUS

allopurinol
 amylase/lipase/protease
 azathioprine
 calcitriol
 desmopressin
 folic acid
 leucovorin
 methotrexate
 naltrexone (QL)
 tizanidine

AMBIEN
 AMBIEN CR
 ARICEPT
 ARICEPT ODT
 COLAZAL
 EPIPEN (QL)
 EPIPEN JR. (QL)
 NIMOTOP
 PRIFTIN
 PROAMATINE
 PULMOZYME (PA)
 REVATIO (PA)
 SOMAVERT (PA)
 SPIRIVA
 SUPPRELIN (PA)
 SYNAREL (PA, QL)
 THALOMID
 TOBI
 TREXALL

ARAVA (PA)
 INCRELEX (PA)
 LARIAM (PA, QL)
 LIDODERM PATCH
 MALARONE (PA)
 ORAP
 PROVIGIL (PA)
 SONATA
 SUCRAID
 VERSED SYRUP

Plans typically do not provide coverage for the following, except as required by law or by the terms of your specific plan:

1. Any drugs available over-the-counter that do not require a prescription by Federal or State Law, and any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin.
2. Drugs that are therapeutically equivalent as determined by the CIGNA HealthCare Pharmacy and Therapeutics Committee in which at least one of the drugs within the class is available over the counter.
3. Any injectable infertility drugs, and any injectable drugs that require Physician supervision and are not typically considered self-administered drugs. The following are examples of Physician supervised drugs: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents.
4. Any drugs that are experimental or investigational, within the meaning set forth in the summary plan description.
5. Food and Drug Administration (FDA) approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information, the American Medical Association Drug Evaluations, or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal.
6. Any prescription and non-prescription supplies (such as ostomy supplies), devices, and appliances.
7. Any contraceptive drugs and prescription appliances for contraception.
8. Implantable contraceptive products.
9. Any fertility drug.
10. Any drugs used for treatment of sexual dysfunction, including but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido.
11. Any prescription vitamins (other than pre-natal vitamins), dietary supplements and fluoride products.
12. Drugs used for cosmetic purposes, such as drugs used to reduce wrinkles, drugs to promote hair growth as well as drugs used to control perspiration and fade cream products.
13. Any diet pills or appetite suppressants (anorectics).
14. Prescription smoking cessation products.
15. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
16. Replacement of Prescription Drugs and Related Supplies due to loss or theft.
17. Drugs used to enhance athletic performance.
18. Drugs which are to be taken by or administered to a Member while the Member is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
19. Prescriptions more than one year from the original date of issue.

CIGNA reserves the right to make changes to this Drug List without notice. Your plan may cover additional drugs; please refer to your enrollment materials for details. CIGNA does not take responsibility for any medication decisions made by the prescriber or pharmacist. CIGNA may receive payments from manufacturers of certain Preferred Brand drugs, which may or may not be shared with your plan depending upon its arrangement with CIGNA. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan, and other factors as of the date of service, the Preferred Brand drug may or may not represent the lowest cost brand drug within its drug class for you and/or your plan.

"CIGNA" and "CIGNA HealthCare" refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. "Tel-Drug" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C., which are also operating subsidiaries of CIGNA Corporation. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare of Virginia, Inc. and CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.



CIGNA

A Business of Caring.